

CHANGE OF ADDRESS FORM

CITY OF ATLANTA
DEPARTMENT OF FINANCE – BUSINESS TAX DIVISION
55 TRINITY AVENUE, S.W. SUITE 1350
ATLANTA, GA 30303
PHONE 404-335-6270 FAX 404-658-7465

Please complete this form if your business name, business or mailing address has changed, since your last application for a Business License was registered with the Business Tax Division of the City of Atlanta. Chapter 17, City Code of Ordinances of the City of Atlanta, Georgia requires this notice to be filed, prior to operation at a new location.

ACCOUNT NUMBER _____ SSN _____

FEDERAL TAX ID NUMBER _____

NAME OF BUSINESS _____

EXPLAIN TYPE OF BUSINESS CONDUCTED AT THIS LOCATION _____

SIGNATURE _____ TITLE _____

OLD BUSINESS INFORMATION

OLD BUSINESS NAME _____

OLD BUSINESS LOCATION _____

CITY/STATE/ZIP _____

OLD MAILING ADDRESS _____

NEW BUSINESS INFORMATION

NEW BUSINESS NAME _____

NEW BUSINESS LOCATION _____

CITY/STATE/ZIP _____

NEW MAILING ADDRESS _____

OFFICIAL USE ONLY

ZONING APPROVED _____ ZONING DENIED _____

CONDITIONS _____

LOT _____ DISTRICT _____ ZONING DISTRICT _____

APPROVED BY: _____ DATE _____

For Office Use Only

Return To _____ Date _____